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PATENT TRADEMARK OFFICE

NCI-061

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

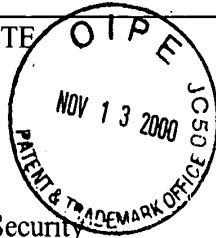
Applicant(s): Luis VALENTE

Serial No.: 09/330,274

Filed: June 11, 1999

Title: Hierarchical Open Security  
Information Delegation and  
Acquisition

Attorney Docket No.: NCI-061

Assistant Commissioner for Patents  
Washington, D.C. 20231

Group Art Unit: Not Assigned

Examiner: Not Assigned

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INFORMATION DISCLOSURE STATEMENT

Dear Sir:

This Information Disclosure Statement is submitted:

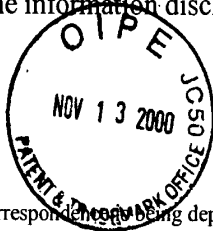
- ☒ under 37 CFR 1.97(b), or  
(Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last)
- ☐ under 37 CFR 1.97(c) together with either a:
- ☐ Certification under 37 CFR 1.97(e), or
  - ☐ a \$240.00 fee under 37 CFR 1.17(p), or
- (After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first)
- ☐ under 37 CFR 1.97(d) together with a:
- ☐ Certification under 37 CFR 1.97(e), and
  - ☐ a petition under 37 CFR 1.97(d)(2)(ii), and
  - ☐ a \$130.00 petition fee set forth in 37 CFR 1.17(i)(1).
- (Filed after final action or notice of allowance, whichever occurs first, but before payment of the issue fee)

X Applicant(s) submit herewith Form PTO SB/1449-Information Disclosure Citation together with copies, of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The relevance of the attached references is that this is the closest art of which Applicant is aware.

Applicant submits that the above references taken alone or in combination neither anticipate nor render obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.



Respectfully submitted,

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Date of Deposit: 11.07.00

Typed Name: Arlette Malhas

Signature: Arlette Malhas

John C. Merchant  
John C. Merchant  
Attorney/Agent for Applicant(s)  
Reg. No. 45,996

Date: 11-6-00

Telephone No.: 650-947-0700 ext 309



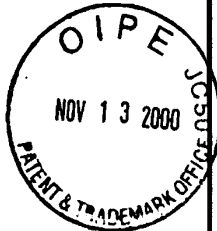
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2131Please type a plus sign (+) inside this box → ☐

PTO/SB/21 (12-97)

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FORM**

(to be used for all correspondence after initial filing)

Application Number	09/330,274
Filing Date	June 11, 1999
First Named Inventor	Luis VALENTE
Group Art Unit	Not Assigned
Examiner Name	Not Assigned
Attorney Docket Number	NCI-061

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Total Number of Pages in This Submission

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**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Form 1449; cited art; and
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	Return Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	John C. Merchant	Reg. No. 45,996
Signature		
Date	11-6-00	

**CERTIFICATE OF MAILING**

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Typed or printed name	Arlette Malhas		
Signature		Date	11.07.00

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